


## **EXHIBIT B**

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT, DISTRICT OF NEW JERSEY		P	M
Name of Debtor SHAPES/ARCH HOLDINGS L.L.C., et al	Case Number 08-14631	Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al 08-14631 (GMB) 00000000484 	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Arrowood Indemnity Company f/k/a Royal Indemnity Company	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent: c/o John M. Flynn, Esq. Carruthers & Roth, P.A. 235 N. Edgeworth Street Greensboro, North Carolina 27401 Telephone number: 336-478-1146	THIS		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Insurance Policies</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2. Date debt was incurred:</b> May 1, 2003		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>393,970</u> (unsecured) <u>393,970</u> (secured) <u>393,970</u> (priority) <u>393,970</u> (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Cash and letter of credit</u> Value of Collateral: \$ <u>453,531</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim</b> \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; text-align: center;"><b>FILED / RECEIVED</b>  MAY 12 2008  EPIQ BANKRUPTCY SOLUTIONS LLC</div>	
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date <u>5/7/08</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>VPJ</u> <u>David M. Davenport controller</u>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Shapes/Arch Holdings  
Collateral Requirements  
Valuation: 04/30/2008  
Inactive Account

Program Type	Program Effective Date	Line of Business	Incurred LDF	LCF	Aggregate	Paid to Date	Outstanding Reserve	Total Incurred	Occurrence Limit	# of Large Losses	Total Incurred Large Losses	UEL	Collateral Required	Escrow Required	Collateral Required
DED	4/28/01	WC	1.092	1.080	1,725,000	586,794	0	586,794	250,000	0	0	640,779	58,000	3,000	55,000
DED	4/28/01	GL	1.126	1.080	1,725,000	0	0	0	50,000	0	0	-	-	-	-
DED	4/28/02	WC	1.119	1.090	1,535,599	1,397,196	18,089	1,415,285	250,000	1	250,000	1,535,599	151,000	7,000	144,000
DED	4/28/02	GL	1.192	1.090	1,535,599	0	0	0	50,000	0	0	-	-	-	-
DED	5/1/03	WC	1.159	1.000	2,139,963	1,048,776	21,595	1,070,371	250,000	1	250,000	1,200,810	152,000	8,000	144,000
SIR	5/1/03	GL	1.230	1.000	2,139,963	27,905	20,000	47,905	100,000	0	0	58,923	-	20,000	-
DED	5/1/03	AL	1.014	1.000	2,139,963	14,857	0	14,857	25,000	0	0	15,065	-	-	-
Unreimbursed Paid Losses through 4/30/08 DED													8,369.87		
Unreimbursed Paid Losses through 4/30/08 SIR													4,600.03		
TOTAL REQUIRED:													46,370	347,600	
ON HAND:													40,000	413,531	
INCREASE/(DECREASE):													6,370	(65,931)	
Net Excess														(59,561)	

~~ROYAL & SUNALLIANCE~~

**Workers Compensation and Employers Liability Insurance Policy 46**  
**Information Page**

**Insurer:**  
ROYAL INDEMNITY COMPANY  
A DELAWARE STOCK COMPANY

**Policy No.:** 03 R2T0463985  
**Control No.:** 0002  
**NCCI No.** 10723

**Executive Office:** 39  
9300 Arrowpoint Blvd. 85  
Charlotte, NC 28273-8135  
[www.royalsunalliance.com](http://www.royalsunalliance.com)  
**RENEWAL OF:** 02 R TO 463985  
**Account Number:** 000614792  
**Producer Code:** 8200056

**Item 1. Named Insured & Address**  
ALUMINUM SHAPES, L.L.C.  
SEE NAMED INSURED ENDORSEMENT  
9000 RIVER ROAD  
DELAIR NJ 08110

**Producer Name & Address**  
THE GRAHAM COMPANY  
ONE PENN SQUARE WEST  
PHILADELPHIA PA 19102

**FEIN:** 21-0691716  
**NJTIN** 223413455000

**Insured is:** LIMITED PARTNERSHIP  
**Issue Date:** 04/25/2002

**Other work places not shown above-see attached Extension of Information Page**

**Item 2. Policy Period:** From 04/28/2002 to 05/01/2003 at 12:01 A.M. Standard Time at your  
Mailing Address shown above.

**Item 3. A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers  
Compensation Laws of the states listed here: Refer to Extension of Information Page  
"Covered States"

**B. EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in  
Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	100,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	100,000	each employee

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:  
Refer to Extension of Information Page "Other States Insurance"

**D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES:**  
Refer to Extension of Information Page "List of Endorsements & Schedules"

**Item 4. The Premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and  
Rating Plans. All information required below is subject to verification and change by audit.**

**CLASSIFICATION OF OPERATIONS - See Extension of Information Page**  
COMM.: 4.1%

Deposit Premium	CA	\$	NONE
Minimum Premium	NJ	\$	624
Total Estimated Annual Premium		\$	378,800
Total Estimated Surcharge		\$	86,081
Total Estimated Cost		\$	464,881
Deposit Premium		\$	464,881

**ADJUSTMENTS TO PREMIUM SHALL BE MADE: ANNUALLY**

**Issuing Office:**  
RISK MANAGEMENT GLOBAL EAST  
ONE CHASE PLAZA  
38TH FLOOR  
NEW YORK NY 10005

**Countersigned** \_\_\_\_\_  
(Date)  
**By:** \_\_\_\_\_  
(Authorized Representative)

WC 00 00 01A

COMPANY COPY

**REINSURED**  
LIABILITY X67962-2  
04252002 P0-00033773

P00B R2 T0463985 0002 T001

5-3-02  
18



## Common Policy Declarations

46

**Insurer:**  
ROYAL INSURANCE COMPANY OF AMERICA  
AN ILLINOIS STOCK COMPANY

**Executive Office:** 39  
9300 Arrowpoint Blvd. 86  
Charlotte, NC 28273-8135  
www.royalsunalliance.com

**Policy No.** P TV463986 0000

**Producer Code:** 8200056

**Named Insured & Address**

SHAPES/ARCH HOLDINGS, LLC  
SEE NAMED INSURED ENDORSEMENT  
9000 RIVER ROAD  
DELAIR NJ 08110

**Producer Name & Address**

THE GRAHAM COMPANY  
ONE PENN SQUARE WEST  
PHILADELPHIA PA 19102

**Policy Period:** From 04/28/2001 to 04/28/2002 at 12:01 A.M. Standard Time at your Mailing  
Address shown above.

**Business Description:** ALUMINUM EXTRUDED PR

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to  
provide the insurance as stated in this policy.

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be  
subject to adjustment.

	Premium	COMM.
COMMERCIAL PROPERTY COVERAGE PART	NOT COVERED	
COMMERCIAL LIABILITY COVERAGE PART(S)	\$ 112,401.00	
COMMERCIAL CRIME COVERAGE PART	NOT COVERED	
COMMERCIAL INLAND MARINE COVERAGE PART	NOT COVERED	
COMMERCIAL BOILER AND MACHINERY COVERAGE PART	NOT COVERED	
COMMERCIAL AUTOMOBILE COVERAGE PART	NOT COVERED	
<b>TOTAL PREMIUM</b>	<b>\$ 112,401.00</b>	

**TOTAL PAYABLE DUE AT INCEPTION** \$ 112,401.00

**Forms Applicable to All Coverage Parts -** IL 00 17 11 98 LI 0004 0990-A

Countersigned \_\_\_\_\_  
(Date)

By: \_\_\_\_\_  
(Authorized Representative)

These declarations, together with the Common Policy Conditions, Coverage Part Declarations, Coverage Forms  
and Endorsements, if any, issued to form a part thereof, complete the contract of insurance.

LI 99 99 01 87

COMPANY COPY

**REINSURED**  
LIABILITY

P008 P TV463986 0000 T002

08232001

PD-00023058

390378



### Common Policy Declarations

46

Insurer:  
ROYAL INSURANCE COMPANY OF AMERICA  
AN ILLINOIS STOCK COMPANY

Executive Office: 87  
9300 Arrowpoint Blvd. 34  
Charlotte, NC 28273-8135  
[www.royalsunalliance.com](http://www.royalsunalliance.com)

Policy No. P2 TR468734 0000

REWRITE OF: P2 TV463986

Producer Code: 8200056

Named Insured & Address  
ALUMINUM SHAPES L.L.C.  
SEE NAMED INSURED ENDORSEMENT  
9000 RIVER ROAD  
DELAIR NJ 08110

Producer Name & Address  
THE GRAHAM COMPANY  
ONE PENN SQUARE WEST  
PHILADELPHIA PA 19102

Policy Period: From 05/01/2003 to 05/01/2004 at 12:01 A.M. Standard Time at your  
Mailing Address shown above.

Business Description: ALUMINUM EXTRUDED PR

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to  
provide the insurance as stated in this policy.

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be  
subject to adjustment.

	Premium	COMM.
COMMERCIAL PROPERTY COVERAGE PART	NOT COVERED	
COMMERCIAL LIABILITY COVERAGE PART(S)	\$ 136,500.00	
CRIME AND FIDELITY COVERAGE PART	NOT COVERED	
COMMERCIAL INLAND MARINE COVERAGE PART	NOT COVERED	
COMMERCIAL BOILER AND MACHINERY COVERAGE PART	NOT COVERED	
COMMERCIAL AUTOMOBILE COVERAGE PART	NOT COVERED	

TOTAL PREMIUM \$	136,500.00
SEE FORM LI 99 98 01 87 FOR ADDITIONAL CHARGES	48.75
TOTAL PAYABLE DUE AT INCEPTION \$	136,548.75

Forms Applicable to All Coverage Parts -IL 00 17 11 98 LI 0004 0990-A

Countersigned \_\_\_\_\_  
(Date)

By: \_\_\_\_\_  
(Authorized Representative)

These declarations, together with the Common Policy Conditions, Coverage Part Declarations, Coverage Forms  
and Endorsements, if any, issued to form a part thereof, complete the contract of insurance.

LI 99 99 07 02

COMPANY COPY

**REINSURED**  
LIABILITY X67962-2

P005 P2 TR468734 0000 T001 05142003 P0-00006138

5/22/03

ROYAL &  
SUNALLIANCE

**Workers Compensation and Employers Liability Insurance Policy 46**  
**Information Page**

<b>Insurer:</b> ROYAL INDEMNITY COMPANY A DELAWARE STOCK COMPANY	<b>Executive Office:</b> 9300 Arrowpoint Blvd. Charlotte, NC 28273-8135 www.royalsunalliance.com	<b>39</b> <b>85</b>
<b>Policy No.:</b> 02 R T0463985 <b>Control No.:</b> 0000 <b>NCCI No.</b> 10723	<b>Account Number:</b> 000614792 <b>Producer Code:</b> 8200056	
<b>Item 1. Named Insured &amp; Address</b> SHAPES/ARCH HOLDINGS, LLC SEE NAMED INSURED ENDORSEMENT 9000 RIVER ROAD DELAIR NJ 08110	<b>Producer Name &amp; Address</b> THE GRAHAM COMPANY ONE PENN SQUARE WEST PHILADELPHIA PA 19102	
<b>FEIN:</b> 21-0691716 NJ TIN TBD	<b>Insured is:</b> LIMITED PARTNERSHIP <b>Issue Date:</b> 07/24/2001	

Other work places not shown above-see attached Extension of Information Page

**Item 2. Policy Period:** From 04/28/2001 to 04/28/2002 at 12:01 A.M. Standard Time at your Mailing Address shown above.

**Item 3. A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Laws of the states listed here: Refer to Extension of Information Page "Covered States"

**B. EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	100,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	100,000	each employee

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states. If any, listed here: Refer to Extension of Information Page "Other States Insurance"

**D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES:**  
Refer to Extension of Information Page "List of Endorsements & Schedules"

**Item 4. The Premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.**

**CLASSIFICATION OF OPERATIONS - See Extension of Information Page**  
**COMM.:** .0%

Deposit Premium	CA	\$	NONE	
Minimum Premium	NJ	\$	646	
Total Estimated Annual Premium		\$		342,761
Total Estimated Surcharge		\$		95,486
Total Estimated Cost		\$		438,247
Deposit Premium		\$		438,247

**ADJUSTMENTS TO PREMIUM SHALL BE MADE: ANNUALLY**

<b>Issuing Office:</b> RISK MANAGEMENT GLOBAL EAST ONE CHASE PLAZA 38TH FLOOR NEW YORK NY 10005	<b>Countersigned</b> _____ <b>By:</b> _____ (Date)
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**REINSURED**

LIABILITY

X67952-2

WC 00 00 01A

SERVICE CENTER C01

P008 R T0463985 0000 T001

07242001

P0-00022776



### Common Policy Declarations

46

Insurer:  
ROYAL INSURANCE COMPANY OF AMERICA  
AN ILLINOIS STOCK COMPANY

Executive Office: 86  
9300 Arrowpoint Blvd. 82  
Charlotte, NC 28273-8135  
[www.royalsunalliance.com](http://www.royalsunalliance.com)

Policy No. P2 TT468682 0000

RENEWAL OF:

Producer Code: 8200056

Named Insured & Address  
ALUMINUM SHAPES, L.L.C.  
SEE NAMED INSURED ENDORSEMENT  
9000 RIVER ROAD  
DELAIR NJ 08110

Producer Name & Address  
THE GRAHAM COMPANY  
ONE PENN SQUARE WEST  
PHILADELPHIA PA 19102

Policy Period: From 05/01/2003 to 05/01/2004 at 12:01 A.M. Standard Time at your  
Mailing Address shown above.

Business Description: ALUMINUM EXTRUDED

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to  
provide the insurance as stated in this policy.

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be  
subject to adjustment.

	Premium	COMM.
COMMERCIAL PROPERTY COVERAGE PART	NOT COVERED	
COMMERCIAL LIABILITY COVERAGE PART(S)	NOT COVERED	
CRIME AND FIDELITY COVERAGE PART	NOT COVERED	
COMMERCIAL INLAND MARINE COVERAGE PART	NOT COVERED	
COMMERCIAL BOILER AND MACHINERY COVERAGE PART	NOT COVERED	
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ 94,080.00	0.0
TOTAL PREMIUM \$		94,080.00
TOTAL PAYABLE DUE AT INCEPTION \$		94,080.00

Forms Applicable to All Coverage Parts -IL 00 17 11 98 LI 0004 0990-A

Countersigned \_\_\_\_\_  
(Date)

By: \_\_\_\_\_  
(Authorized Representative)

These declarations, together with the Common Policy Conditions, Coverage Part Declarations, Coverage Forms  
and Endorsements, if any, issued to form a part thereof, complete the contract of insurance.

LI 99 99 07 02

COMPANY COPY

**REINSURED**  
LIABILITY X67962-2

P005 P2 TT468682 0000 T001

05222003

P0-00009425



ROYAL &  
SUNALLIANCE

## Common Policy Declarations

46

Insurer:  
ROYAL INSURANCE COMPANY OF AMERICA  
AN ILLINOIS STOCK COMPANY

Executive Office: 39  
9300 Arrowpoint Blvd. 86  
Charlotte, NC 28273-8135  
www.royalsunalliance.com

Policy No. P2 TV463986 0002

RENEWAL OF: P TV463986

Producer Code: 8200056

**Named Insured & Address**

ALUMINUM SHAPES L.L.C.  
SEE NAMED INSURED ENDORSEMENT  
9000 RIVER ROAD  
DELAIR NJ 08110

**Producer Name & Address**

THE GRAHAM COMPANY  
ONE PENN SQUARE WEST  
PHILADELPHIA PA 19102

Policy Period: From 04/28/2002 to 05/01/2003 at 12:01 A.M. Standard Time at your Mailing  
Address shown above.

Business Description: ALUMINUM EXTRUDED PR

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to  
provide the insurance as stated in this policy.

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be  
subject to adjustment.

	Premium	COMM.
COMMERCIAL PROPERTY COVERAGE PART	NOT COVERED	
COMMERCIAL LIABILITY COVERAGE PART(S)	\$ 153,600.00	
COMMERCIAL CRIME COVERAGE PART	NOT COVERED	
COMMERCIAL INLAND MARINE COVERAGE PART	NOT COVERED	
COMMERCIAL BOILER AND MACHINERY COVERAGE PART	NOT COVERED	
COMMERCIAL AUTOMOBILE COVERAGE PART	NOT COVERED	

TOTAL PREMIUM \$ 153,600.00

SEE FORM LI 99 98 01 87 FOR ADDITIONAL CHARGES 72.44

TOTAL PAYABLE DUE AT INCEPTION \$ 153,672.44

Forms Applicable to All Coverage Parts - IL 00 17 11 98 LI 0004 0990-A LI 0004 0990-F

Countersigned \_\_\_\_\_  
(Date)

By: \_\_\_\_\_  
(Authorized Representative)

These declarations, together with the Common Policy Conditions, Coverage Part Declarations, Coverage Forms  
and Endorsements, if any, issued to form a part thereof, complete the contract of insurance.

LI 99 99 01 87

COMPANY COPY

**REINSURED**  
LIABILITY X67962-2

P00B P2 TV463986 0002 T001

04252002

P0-00024990

2-1-02  
OK

ROYAL &  
SUNALLIANCE

**Workers Compensation and Employers Liability Insurance Policy 46**  
**Information Page**

<b>Insurer:</b> ROYAL INDEMNITY COMPANY A DELAWARE STOCK COMPANY	<b>Executive Office:</b> 39 9300 Arrowpoint Blvd. 85 Charlotte, NC 28273-8135 <a href="http://www.royalsunalliance.com">www.royalsunalliance.com</a> <b>RENEWAL OF:</b> 03 R2TD 463985 <b>Account Number:</b> 000614792 <b>Producer Code:</b> 8200056
<b>Policy No.:</b> 04 R2TD463985 <b>Control No.:</b> 0003 <b>NCCI No.</b> 10723	

<b>Item 1. Named Insured &amp; Address</b> ALUMINUM SHAPES, L.L.C. SEE NAMED INSURED ENDORSEMENT 9000 RIVER ROAD DELAIR NJ 08110	<b>Producer Name &amp; Address</b> THE GRAHAM COMPANY ONE PENN SQUARE WEST PHILADELPHIA PA 19102
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FEIN: 21-0691716  
NJ TIN 223413455000

Insured is: LIMITED PARTNERSHIP  
Issue Date: 05/13/2003

Other work places not shown above-see attached Extension of Information Page

**Item 2. Policy Period:** From 05/01/2003 to 05/01/2004 at 12:01 A.M. Standard Time at your  
Mailing Address shown above.

**Item 3. A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers  
Compensation Laws of the states listed here: Refer to Extension of Information Page  
"Covered States"

**B. EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in  
Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:  
Refer to Extension of Information Page "Other States Insurance"

**D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES:**  
Refer to Extension of Information Page "List of Endorsements & Schedules"

**Item 4. The Premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and  
Rating Plans. All information required below is subject to verification and change by audit.**

**CLASSIFICATION OF OPERATIONS - See Extension of Information Page**  
COMM.: 3.6%

Deposit Premium	CA	\$	NONE	
Minimum Premium	NJ	\$	702	
Total Estimated Annual Premium		\$		436,801
Total Estimated Surcharge		\$		107,170
Total Estimated Cost		\$		543,971
Deposit Premium		\$		543,971

**ADJUSTMENTS TO PREMIUM SHALL BE MADE: ANNUALLY**

**Issuing Office:**  
RISK MANAGEMENT GLOBAL EAST  
ONE CHASE PLAZA  
38TH FLOOR

**Countersigned** \_\_\_\_\_  
(Date)  
**By:** \_\_\_\_\_  
(Authorized Representative)



NV 10005



J. Neal Robbins  
Direct Phone 336.478.1152  
Direct Fax 336.478.1153  
jnr@crlaw.com

May 9, 2008

**VIA FEDERAL EXPRESS (PRIORITY OVERNIGHT)**

Shapes/Arch Holdings L.L.C.  
c/o Epiq Bankruptcy Solutions, LLC  
757 Third Avenue  
Third Floor  
New York, New York 10017

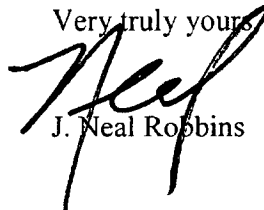
Re: **Proof of Claim / Case Number: 08-14631 / Debtor: Shapes/Arch Holdings  
L.L.C., et al / Creditor: Arrowood Indemnity Company f/k/a Royal Indemnity Company**

Ladies and Gentlemen:

Enclosed for filing are one (1) original and three (3) copies of the proof of claim of Arrowood Indemnity Company f/k/a Royal Indemnity Company in the above-referenced case.

Please file the proof of claim and return an acknowledgment copy to my attention in the enclosed self-addressed, stamped envelope.

Thank you and please let me know of any questions.

Very truly yours,  
  
J. Neal Robbins

Enclosures

cc: John M. Flynn, Esq.

# Express

**For FedEx Express® Shipments Only**